The instructions for operating the HRA System can be found in the following two publications:

U.S ARMY HEALTH RISK APPRISAL SYSTEM (HRA) END USER MANUAL

QUICK REFERENCE GUIDE

The purpose of this HRA desktop guide is to give you a "user friendly" step-by-step resource on the basics of the HRA system and it is not intended to be your sole source of information.

The reporting center for obtaining assistance, or for reporting HRA related problems is:

Mr. David White
HRA Program Manager
United States Army Health Care Systems Support
Activity, San Antonio, Texas
DSN 471-9700 or 9753
Ext. 2307
Email address: SRTS.AMEDD.ARMY.MIL/HRA

Don't hesitate to call. If you are having a problem with the HRA system, they can fix it!!!!!

If the HRA program is already installed and the scanner is hooked up, proceed to section 4 for data entry/scanning instructions.

This guide may serve two purposes; 1) it may be used in-house, by the corpsman scanning HRA's for a quick reference or 2) it may be given to the SMDR on the ship as a training aide for their HP program.

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Section 1
What is a Health Risk Appraisal?

A Health Risk Appraisal (HRA), see figure (1-1) is a tool that assesses a person's chance of dying (mortality) from specific disease over a certain period of time. HRAs simply identify indicators or barriers that may indicate a greater chance of premature death or serious illness. HRAs also identify how much of an impact each indicator will most likely have on an individual. **An HRA is no substitute for a physical exam or check-up. It will not give you a diagnosis nor will it tell you how long you will actually live. However, the HRA will help you understand and recognize your risk factors.**

A participant is given a questionnaire that covers such health habits as smoking, safety belt use, and exercise. Other areas of the questionnaire cover cholesterol, nutritional habits, blood pressure, risky behavior, and stress. This information is factored into U.S. mortality and common disease statistics and an individual health risk assessment is produced. The resultant report predicts a person's chances of premature death from various causes, i.e. heart attack, cancer and injury in the next ten years along with individual recommendations for achieving a healthier lifestyle.

Why do a Health Risk Appraisal?

The Department of Defense Directive 1010.10 (11 Mar 86) and OPNAVINST 6100.2 (25 Feb 95) establish health promotion activities for the Department of the Navy. The directive states the definition of health promotion as: "any combination of health education and related organizational, social, economic or health care interventions designed to facilitate behavioral and environmental alterations that will improve or protect health. It includes those activities intended to

support and influence individuals in managing their own health through lifestyle decisions and self-care. Operationally, health promotion includes smoking (tobacco) prevention and cessation, physical fitness, nutrition, stress management, alcohol and drug abuse prevention, and early identification of hypertension."

OPNAVINST 6100.2 states the Navy's policy on health promotion demonstrates "the Navy's commitment to ensuring readiness, maximizing individual performance, and reducing medical problems to personnel and resulting expenses by adopting programs that encourage healthy lifestyles." The instructions and mandates that govern navy medicine do not state that the HRA must be utilized. However the HRA can provide focus for your health promotion activities. In the long run, early interventions in promoting healthy lifestyles will promote military readiness.

What do people need to know? These are some guidelines for your informational sessions with all members:

♦   What the HRA is.
♦   What the HRA can do for you?

Privacy and Confidentiality

This is an important issue with most service members as their name and social security number are attached to the HRA. Ensure they fully understand that the rules of the Privacy Act apply to any information that they provide in filling out the HRA form.

♦   Have client read the Privacy Act Statement located just inside the front cover of the HRA form.
♦   If you are dealing with civilian personnel you will be required to have them sigh a consent form prior to having them fill out the HRA or performing any evasive procedure. See figure (1-2)

♦ Reports - Inform your participants of the type of report they will be receiving. Thee HRA is considered confidential patient information and is not to be distributed or **discussed with anyone other than the individual**. Assure **confidentiality to all respondents**. The Commanding Officer, department head, division officer or senior enlisted will not be privy to individual HRA information of their staff members.

Note: At NEPMU-2, we protect the privacy of the information provided and resulting command reports by following these guidelines and recommend any other organizations do the same:

- Password-protected system
- Clearly marked and labeled material containing privacy act information.
- Final command reports are kept in a locked filing cabinet.
- HRA forms are shredded following the conclusion of the job.

HRA Forms - Fit to Win

Commands can obtain HRA forms by contacting:

Fleet Health Promotion Department
Navy Environmental & Preventive Medicine Unit No.2
1887 Powhatan Street, Norfolk, VA 23513-3394
DSN: 564-7671 (Ext. 3051)
COMM: (757) 444-7671 (Ext. 3052)
FAX: (757) 444-1556

See figure (1-3)

Note: See supply section of HP SOP for details on the process NEPMU-2 follows when ordering blank forms from the U.S. Army Publishing Facility.

Section 2
Program/Equipment Requirements

A.   Computer Software

    1.   The Navy currently utilizes the "Fit to Win" HRA. It was developed by the Army's Health Care Systems Support Activity (HCSSA) located in San Antonio, Texas a proponent agent of the Army's Center for Health Promotion and Preventive Medicine (CHPPM) located in Aberdeen MD.

    2.   To obtain a free copy of the HRA software contact:

Ms. Nancy Von Tersch
Fleet Health Promotion Department
Navy Environmental & Preventive Medicine Unit No.2
1887 Powhatan Street, Norfolk, VA 23513-3394
DSN: 564-7671 (Ext. 3051)
COMM: (757) 444-7671 (Ext. 3052)
FAX: (757) 444-1556

B.   Computer Hardware

    1.   Computer Requirements

IBM compatible 286 or greater processor
64 meg RAM
10 MB hard disk space
standard monitor & keyboard
standard printer (inkjet or laser/monochromatic or color)
standard serial port for Chatsworth card reader

C. Loading the Installation Disks

The installation program is located on one 3 1/2" high-density floppy disk labeled Health Risk Appraisal.

- Load disc into the A: drive > press enter
- From A:, enter INSTALL > press enter
- Welcome screen > press any key
- Date & time verification > press yes or no (if the data or time is incorrect your computer's system clock is not set correctly. Correct before continuing.
- Next screen. This screen describes the main processes, which will be performed during the rest of the installation. > press any key to continue.
- Hard drive selection. The HRA may be installed on any disk except A: or B:. A search for valid drives is made, and you will be asked to select from a list of drives found.
- Press the letter designated the drive you wish to install this version of the HRA software. Typically "C". NEPMU-2 uses "D".
- Press any key. You will prompted to enter passwords for the clerk and the director. Personnel with the Clerk's password may perform data entry and report production program functions. The local DOIM will have access to the director's password and may use all program functions, including changing the passwords. DO NOT USE THE SAME PASSWORDS FOR BOTH>press any key to begin entering passwords.
- Enter clerk's password-4-8 characters including l letters and #'s. The data entry will be blinded as you enter the password. You will see only characters. >Press enter when done.
- Repeat the clerk's password >press enter when done.
- Enter Director's password using the same guidelines as clerk's > press enter.
- Enter password again.
Note: IAW AR 380-19, Section V, paragraph 2-15i, HRA users are instructed to change passwords at least annually.
- Press any key
- Enter your facility name. Enter your facility name exactly as you want it to appear in the HRA reports. > press enter.
- Press any key

- Enter the start quarter for your facility use of the HRA program > press enter when done.
- Press any key. Select CVS option. The CVS report will be optionally printed when an HRA report is printed for individuals age 39 and over. If you say yes, then whenever you print an HRA, you will also have the option to print DA Form 4970-E. If you say no, the form will not be available. At NEPMU-2 we do not print the CVS form. The majority of patient's screened are under the age of 39.
- Press any Key
- Enter command & UIC. If the command is a ship, enter a V before the UIC, shore command enters a N before the UIC.
- Press Escape
- Press any key
- Select FINISHED when finished editing. (If necessary)

Procedure for Verifying COM Port Setup for HRA Card Reader Scanner

1. At the HRA – Main Menu screen (inside the HRA program), select option number 6 for SET-UP.

2. At the SET-UP screen, select option number 1 for HARDWARE set-up.

3. At the HARDWARE SET-UP screen, selection option number 1 for CARD READER set-up.

4. At the CARD READER SET-UP screen, select option number 1 for SERIAL PORT for the card reader.

5. At the CARD READER SERIAL PORT SELECTION MENU screen, select option 1 for COM1.

NOTE: The Card Reader is connected to the serial port on COM1. It must reflect this in the hardware setup; otherwise the scanner will not work properly.

Once you've selected COM1 the system will return back to the CARD READER SET-UP menu.

6. Continue to select option 9 on each of the return menus until you reach the HRA – Main Menu.

7. At the HRA – Main Menu selection option number 1 for ENTER or EDIT data.

8. At the ENTER or EDIT data menu, select option number 1 for CARD READER data entry. If the scanner is connected and working properly, you should see Card 1: ready to read. If not, the system will display an error with the scanner. If the scanner still does not work, you may need to reboot the system in order for the hardware to be detected.

Chatsworth Card Reader

There are two models of the Chatsworth optical card reader, a single side reader and a dual side reader. The recommended model is the dual side reader. It reads both sides of the HRA simultaneously therefore saving time. To purchase the Chatsworth Optical Card Reader contact Paul Hunt, Chatsworth Data Corp., telephone (708)699-5056.

Note: The current price is $1,900, and includes the connection cables and power pack.

NEPMU-2 Health Promotion Department has Chatsworth Card Readers available for loan.

HRA DATA COLLECTION
Section 3

1. Ensure each participant has a previously signed Privacy Act Statement. These can be located in the medical record or have each participant sign a privacy act statement during the data collection process.

A. Provide privacy. Self reported questionnaires are less accurate if reported without privacy.

B. **Sensitive questions** (#45, #48, #49)

There are three key questions on the HRA that are considered "sensitive". They are question #45, Have you seriously considered suicide within the last two years?", question #48, How often has life been so overwhelming in the last year that you seriously considered hurting yourself?", and question #49, In the past year, how often have you experienced repeated or long periods of depression?".

It is highly recommended that you discuss the command policy with your commanding officer or medical officer on these issues. It is recommended that those individuals that answer affirmatively to the suicide or self-injury question be referred for prompt medical attention. Again, this issue is command specific. It is also recommended that any individual that responds affirmatively to the depression question (#49) also be referred for medical attention. Referral for treatment in either of these areas is the basis for a solid preventive medicine platform.

c. **Most Common Errors Documented in Filling out the HRA**

It is recommended that you be familiar with the HRA
before distribution to a target audience. If many of
these questions are not filled out you will be unable
to print a report.

The most frequently missed questions are:

#4. Unit Identification Code: (example N20000), the
letter N goes before the unit identification code for
shore commands and the letter "V" is utilized for sea
commands.

#5 & #6. leave blank when doing a military population.
These questions are for civilians, retirees and family
members only.

#7. Ensure that the first initial is in the FI block.

#10. This item is usually checked for "Occupational
Health Program" or "other".

#22. This question is often missed. Remind your
audience to fill in this question.

#23. The car/truck/van miles are often completed, but
the motorcycle mileage is often left blank. If the
answer is "zero", then have the participant fill in
"00".

#29 - #34. If the participant answers "00" for #28, as
in a non-drinker, the answers to #29-34 are still "00".

#40. Participants often fill in more than one answer.
Remind your test population that only one answer can be
filled out.

#53 - #57. are tobacco use (cigar, cigarette, pipe,
smokeless tobacco) questions. Fill in "00" if the
answer is none. Question #57a is to be completed only

if you still smoke. Question #57b & #57c are to be completed only if you previously smoked cigarettes.

#60 - #67. are for females only. (leave 68-69 blank)

#68 - #69. are for males only. (leave 60-67 blank)

#70 - #75. should be completed by medical personnel only. This information should be taken form the medical record. If any of the information is unknown then the answer is left blank with the exception of the EKG question #75. Unknown is an answer option.

D. **Optional Questions**

X1 - X8. These are the X-questions. They are read form a separate sheet of paper and must be answered on the computer generated HRA format, NOT the X-question sheet. Look closely at these questions. Some require one answer only while others are marked "all that apply".

The X-questions can be found on a separate sheet of paper. You will need to make multiple copies of this two-sided form for your HRA program. Due to cost constraints it is recommended that you reuse these forms. The answers to the X-questions are to be completed on page 6 at the very bottom of the HRA form. Also note that some questions require only ONE answer while others require ALL THAT APPLY answers. X-6 requires two specific answers, one for bicycle helmet use and the other for motorcycle helmet use.
See figure (3-1) for "X-questions.

E. **Medical Information**

♦ EKG) If unknown - check the unknown box. Most often, the EKG question is left blank.

♦ Height, Weight and Body frame:

Have employees state their height, weight and body frame. Provide scales whenever feasible.

♦ B/P, Cholesterol, Triglycerides, FBS & EKG data should be accurately recorded from the medical record by the medical department staff. These are not mandatory data fields and it is the ultimate decision of the Senior Medical Department Representatives as to whether or not this information will be entered.
Do not use self-reported data for these values, as there may be inaccuracies form self-reported lab values. Often times during a Health Fair Screening event, when BP, cholesterol and glucose tests are being performed on the spot the results are recorded directly on the HRA form.

Note: The glucose result is not a fasting sample and the results serve as public health screening tool and not a FBS. Triglycerrides are not normally done at health fair since they require a fasting blood sample.

Methods of HRA Data Collection

A. All Hands Data Collection - recommended to establish baseline data.

    Advantages

    ♦ Data collection over a short period of time
    ♦ Encompasses the entire population
    ♦ Provides specific direction for health
      promotion education and activities
    ♦ Provides a picture of the "command climate"

    Disadvantages

    ♦ Requires administrative support

B. Birth Month Recall

    Advantages

    ♦ Continuous collection of data
    ♦ Reveals ongoing behavior change
    ♦ Requires minimal administrative support

    Disadvantages

    ♦ Does not provide the "whole" picture/"command climate"

C. Medical Department Check-In

The HRA form can be completed at "check-in". If you have completed a baseline by screening your entire command you can maintain your HRA Program by capturing all new check-ins. HRA's are only required once per command. Note: Many commands use SAMS for tracking HRA program completion.

Section 4
Data Entry/Scanning

1.   The Chatsworth Data Corp. card reader is the quickest and most accurate method of data entry. Data entry using the card reader can be done one of two ways: individual HRA or batch mode. Individual HRA entry is recommended since you will be prompted to correct inaccurate or missing information on each entry. In batch mode, you will not be prompted to correct any missing information until all reports have been input and printed. Thus you will have to re-open the case, edit the questionnaire, and then re-print the report. We do not recommend batch mode. If you would like more information on the batch mode process refer to the U.S. Army Health Risk Appraisal System End User Manual section 4-35. **Individual mode process:**

Step 1 – Click on HRA ICON
Step 2 – Type password-Director
Step 3 – If a command has not been previously entered into the system you will need to edit the UIC tree.

COMMANDS PREVIOSLY ENTERED IN SYSTEM

    - Type 5-Utilities-use arrow key and go down and hit Edit UIC tree.
    - Using arrow key scroll down and find the command with a check mark next to the UIC and hit the space bar. This will as the previous command that was worked on.
    - Using the arrow key scroll up to find the command you will be working on hit space bar to highlight and then proceed to step go to step 4.

NOT PREVIOUSLY ENTERED

    - Type 5-Utilities-use arrow key and go down and hit Edit UIC tree.

- Using arrow key scroll down and find the command with a check mark next to the UIC and hit the space bar. This will as the previous command that was worked on.
- Using the arrow key scroll up to find to second NEPMU-2 entry listed from the top and hit enter to highlight.
- Press F5-screen will pop-up at the bottom of screen.
- Type in name of Command (example: USS EISENHOWER (CVN-69).
- Type in UIC. You must include a V before the UIC for ships and an N for shore based commands (example V23513 or N63117).
- Hit enter
- Hit escape

Step 4 – Arrow down to # 9
- Arrow up to 1 and hit enter

Step 5 – You are ready to scan the cards (set of three cards per patient)

- Send cards through scanner in order
- O.K. will pop-up after each card
- If data is missing from the cards a screen will pop-up for missing data-hit any key and enter missing data if possible. Most common missing or incorrect data fields are UIC, Male or Female, and smoking history. You will be unable to print a report if these fields are not filled out correct. If you do not have the information for example you do not know the sex of the individual you will be unable to print a complete report.
- Regardless of whether or not you are able to correct the errors at this point you will proceed with the next step.
- Hit F-4 then save and it will print a report. Even in the case of cards with missing data that you

are unable to correct you will still get a printed report identify missing data fields.

      - Staple pages of report together. For reports with missing data staple the 3 cards and report together. Missing data reports will need to be returned to the command for correction.

    2. Key board data entry is another option if you do not have a card reader. Each HRA can be individually entered one at a time. Once the HRA information has been entered you will be prompted to save the data. Follow all the steps previously mentioned, however at the main menu:

      - Hit # 1
      - Go to 3 and hit enter
      - At this point, it is self-explanatory everything is the same however; you are manually entering all the data yourself. **Note: Saving the data occurs automatically if you utilize the card reader. If you individually input each HRA you must save each HRA as it is entered.** Very time consuming if you have numerous HRA's.

Section 5
Individual Reports

The fit to Win HRA program will produce a report that is given to the individual. See figure (5-1) The corpsman scanning the HRA's here at the unit will be required to review each report for the following high risk data:

- ♦ Depression
- ♦ Suicide
- ♦ Alcohol problems

Those reports containing high-risk information will be separated from the other reports. You will have two stacks of HRA reports, 1 with high-risk patients and 1 with low risk patients. Alphabetize the two sets of reports.

Note: See figures (5-1) & (5-2) for information on interrupting the individual reports. You can make copies of these forms to handout.

Section 6
Daily Wrap Up and Disc Back-Up's

Must be done daily!!! If you have numerous HRA's to scan, it may take you several days to complete the job, so you will need to do a daily back up and print a Daily Risk Summary every day. See figure (6-1) **WARNING!!!IF YOU DO NOT PRINT A DAILY RISK SUMMARY AT THE END OF THE DAY YOU WILL BE UNABLE TO DO SO THE NEXT DAY**.

When you are done scanning for the day, escape to the HRA Main Menu and complete the following:

- Hit 4 daily wrap up
- Press enter to print daily wrap up
- Hit enter and this will bring you to the data back up screen
- Press a
- Press 2
- Insert 1 formatted disk & hit enter
- Screen will tell you data back up complete
- Label disks:

    HRA Program
    For official use only
    Privacy act data
    Back-up disk
    Day of the week

- Note: You should have 5 back up disks labeled for each day of the week and keep them in a safe place by the HRA computer.

Section 7
HRA Group Reports

Print your group reports at the conclusion of scanning all of your HRA's. Group reports include four reports accessed from the Group main Menu:

- ♦ Commander's Report (Unit Profile Analysis)
- ♦ Counts and Percentages
- ♦ Breakdown Report
- ♦ List of Respondents Reports

See figure (7-1) for an example of the group reports.

Note: You will need to make 4 copies of each report with the exception of the list of respondents, which you will need only 2 copies. Reports are distributed as follows:

The Commander and the HP Coordinator of the Unit will receive:

- ♦ The Commander's Report
- ♦ Counts & Percentages
- ♦ Breakdown Report

Note: *The Commander or HP Coordinator will not receive any reports containing privacy data.*

The SMDR will get a copy of all the reports and a copy of all the daily wrap up reports. In addition, maintain a copy of all the reports for your own files.

Section 8
Quarterly Wrap Up

At the end of each quarter you will need to print your quarterly reports, make your quarterly wrap-up disks and make a transfer disk for NEPMU-2. The steps are as follows:

    - Go to the HRA main menu
    - Hit 5 for utilities
    - Hit 1 for quarterly wrap up
    - Note: you will need 6 disks. 5 for the quarterly wrap up and 1 for the transfer disk
    - Once you hit 1 for quarterly wrap up, the rest is self-explanatory. Just follow the prompts for inserting the disks.

Label your transfer disk as follows:

        Health Risk Appraisals
        ____Qtr Reports for 2201
        Originating Command
        For official use only
        Contains Privacy Act Data

Label your quarterly wrap up disks as follows:

        Health Risk Appraisals
        ____Qtr Reports for 2201
        Originating Command
        For Official Use Only
        Contains Privacy Act Data
        Disk 1 of 5 (and so on)

Note: The Quarterly Reports look exactly like the Group Reports. The only difference is that the Quarterly Reports include all the HRA's run that Quarter.

The 5 quarterly wrap-up disks are for your records and the 1 transfer disk and 1 hard paper copy needs to be mailed to:

    HMC(SW/AW) Christine Cardoza
    Fleet Health Promotion Department
    Navy Environmental & Preventive Medicine Unit No.2
    1887 Powhatan Street, Norfolk, VA 23513-3394

Note: The HRA computer program will instruct you to mail your transfer disk to a different location-please disregard.

Maintain 1 hard copy of your quarterly reports on file.

ROLLING OVER THE QUARTER

After completing your quarterly reports, the computer should automatically roll over to the next quarter. To check if this was accomplished follow the following steps:

   - Go to HRA main menu
   - Hit set-up
   - Go to software set-up
   - # 1 should indicate the correct quarter if not contact Mr. David White at DSN. 471-9700 ext 2307.

Section 9

MEDICAL DEPARTMENT RESPONSIBLITIES

Now that you have collected names and SSNs, you identify potentially risky behavior (that's the purpose of the HRA - to ID risks, let people become aware of how they could reduce these risks - goal is to live healthier lives and live longer). The BIG 3 are: suicide, alcohol, and depression risks. The urgency is to counsel all those suicide potential risks right away. Usually there are no surprises, and you know who already has some potential problems. The other big item is alcohol use - you don't want a page 13 on everyone, nor do you want to send everyone to DAPA, but some counseling is in order. Depression almost always pops up in combination of other risk factors. You need a team effort, but some time will be absorbed with counseling issues. You may need resource material (health education) for counseling various categories. *The Clinician's Handbook for Put Prevention Into Practice is the standard reference of choice.*

Documentation is your choice...the simpler, the better. You can generate a SF 600 to document that the HRA has been complete and that the appropriately counseling and/or referral has been accomplished. The HRA program is installed to give you a SOAP note with every individual report. It's an Army DA form, and not an official BUMED Navy Records form. I can't tell you to use, it, but I can tell you that many IDCs like the form. You can use it however best meets your needs.

Upon request NEPMU-2 can provide commands with comparative data on Health Related Behavior Risks, DOD Survey Results or Healthy People 2010 Reports.

Don't let your HRA Program fall by the wayside. If you have completed your baseline survey, very little maintenance will be required to maintain a successful program.

Section 10
Training

Many questions come up during the administration of the HRA; therefore it is best to be familiar with the HRA System. Individuals will also require training on the Chatsworth optical card reader and the reports and can obtain hands-on training at NEPMU-2. Corpsman assigned to Fleet Support are required to have HRA training as a part of their HP orientation and will be signed off on their PQS. There is currently no formal training available.